

Please type a plus sign (+) inside this box → ☒

08-10-01

PTO/SB/05 (08/00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

081607-1150

First Inventor

Petite et al.

Title

**Systems and Methods for Controlling Communication Between
A Host Computer And Communication Devices Associated With
Remote Devices In An Automated Monitoring System**

Express Mail Label No.

EL789317374US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

☐ APPLICANT REQUESTS EARLY PUBLICATION UNDER 37 CFR 1.219 (additional fee)

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)

2. ☐ Applicant claims small entity status.

3. ☒ Specification [Total Pages **26**]
(preferred arrangement set forth below)

- Descriptive title of the invention
- Cross References to Related Applications
- Statement Regarding Fed. Sponsored R&D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☒ Drawing(s) (35 USC 113) [Total Sheets **7**]

5. Oath or Declaration [Total Pages **2**]

a. ☒ Newly Executed (original or copy)

b. ☐ Copy from a prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 18 completed)

i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application,
see 37 CFR 1.63(d)(2) and 1.33(b)

6. ☐ Application Data Sheet. See 37 CFR 1.76

Assignee
Name and Address
(if applicable)
**StatSIGNAL Systems, Inc.
2859 Paces Ferry Road, Suite 1650
Atlanta, Georgia 30339**

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer
Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

a. ☐ Computer Readable Copy (CRF)

b. Specification Sequence Listing on

i. ☐ CD-ROM or CD-R (2 copies), or

ii. ☐ Paper

c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & Documents(s))

10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☒ Power of Attorney

11. ☐ English Translation Document (if applicable)

12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations

13. ☐ Preliminary Amendment

14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16. ☐ Request and Certification under 35 U.S.C.
122(b)(2)(B)(i) Applicant must attach form
PTO/SB/35 or its equivalent

17. ☐ Other:

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation

☐ Divisional

☒ Continuation-in-part (CIP)

of prior application No: /

Prior application information: Examiner

Group / Art Unit:

For CONTINUATION OR DIVISIONAL APPS only the entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. This incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

24504

(Insert Customer No. or Attach bar code label here)



Correspondence address below

NAME

**Adam E. Crall
Thomas, Kayden, Horstemeyer & Risley, L.L.P.**

ADDRESS

**100 Galleria Parkway
Suite 1750**

CITY

Atlanta

STATE

Georgia

ZIP CODE

30339-5948

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FAX

770-951-0931

Name (Print/Type)

Adam E. Crall

Registration No. (Attorney/Agent)

46,646

Signature

Adam E. Crall

Date

8.9.2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

Complete If Known

Application Number	To Be Assigned
Filing Date	Even Date Herewith
First Named Inventor	Petite, et al.
Examiner Name	To Be Assigned
Group / Art Unit	To Be Assigned
Attorney Docket No.	081607-1150

TOTAL AMOUNT OF PAYMENT (\$)**458.00**

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge to the following Deposit Account.

Deposit Account Number **20-0778**

Deposit Account Name **Thomas, Kayden, Horstemeyer Risley**

- ☐ Charge all indicated fees and any additional fee required or credit any overpayment.

- ☒ Charge any additional fee required and requested to credit any overpayment.

- ☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ **Payment Enclosed:**

- ☒ Check ☐ Money Order ☐ Credit Card

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	\$355
106	320	206	160	Design filing fee	\$
107	490	207	245	Plant filing fee	\$
108	710	208	355	Reissue filing fee	\$
114	150	214	75	Provisional filing fee	\$
SUBTOTAL (1)					(\$355)

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims 27	-20**= 7	x 9.00	= 63
Independent Claims 3	-3**= 0	x 40.00	= 0
Multiple Dependent		270.00	= 63

**or number previously paid, if greater, For Reissue, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent Claims in excess of 3
104	270	204	135	Multiple dependent claims in excess of 3
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) **(\$63.00)**

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension of time within second month	
117	890	217	445	Extension of time within third month	
118	1,390	218	695	Extension of time within fourth month	
128	1,890	228	945	Extension of time within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (time number of properties)	40
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other fee (specify) _____					
Other fee (specify) _____					

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **40.00**

SUBMITTED BY

Typed or Printed Name

Adam E. Crall

Signature

Adam E. Crall

Date

8.9.2001

Complete (if applicable)

Reg Number

46,646

Deposit Account User ID

Variable	Mean		SD		t		p	
	Control	Case	Control	Case	Control	Case	Control	Case
Age	21.5	21.5	1.5	1.5	0.0	0.0	1.000	1.000
Gender	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Education	12.0	12.0	1.0	1.0	0.0	0.0	1.000	1.000
Occupation	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Income	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Marital status	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Religion	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Health status	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Family size	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental education	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental occupation	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental income	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental marital status	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental religion	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental health status	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental family size	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental education	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental occupation	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental income	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental marital status	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental religion	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental health status	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental family size	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental education	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental occupation	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental income	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental marital status	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental religion	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental health status	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental family size	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental education	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental occupation	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental income	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental marital status	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental religion	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental health status	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental family size	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental parental education	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental parental occupation	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental parental income	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental parental marital status	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental parental religion	1.0	1.0	0.0	0.0	0.0	0.0	1.000	1.000
Parental parental parental parental parental health status	1.0	1						

In re application of: **Thomas D. Petite, et al.**

Group No.: Unassigned

Examiner: Unassigned

For: **SYSTEM AND METHOD FOR CONTROLLING COMMUNICATION BETWEEN
A HOST COMPUTER AND COMMUNICATION DEVICES ASSOCIATED WITH REMOTE
DEVICES IN AN AUTOMATED MONITORING SYSTEM**

CERTIFICATE OF EXPRESS MAIL

Sir:

Enclosed for filing in the above case are the following documents:

Return Postcard
Utility Patent Application Transmittal Page
Fee Transmittal Page
Continuation-In-Part Utility Patent Application Consisting of:
 26 pages of Specification
 7 pages of Claims
 1 Page of Abstract
 7 Pages of Formal Drawings
Assignment Cover Sheet
Assignment of Utility Patent Application (4 pages)
Original Executed Declaration and Power of Attorney (2 pages)
Check in the amount of \$458.00

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No 20-0778.

Respectfully submitted,

Adam E. Crall



**THOMAS, KAYDEN, HORSTEMEYER
& RISLEY, L.L.P.**

100 Galleria Parkway, N.W.

Suite 1750

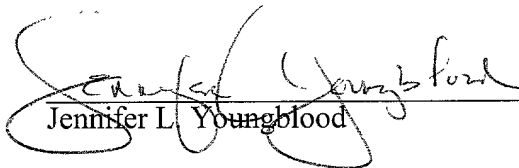
Atlanta, Georgia 30339-5948

Our Docket No: **081607-1150**

I hereby certify that all correspondences listed above are being deposited for delivery to the above addressee, with the United States Postal Service **"EXPRESS MAIL POST OFFICE TO ADDRESSEE"** service under 37 CFR §1.10 on the date indicated below:

The envelope has been given U.S. Postal Service "Express Mail Post Office To Addressee" Package # **EL 789317374 US**.

Date: August 09, 2001


Jennifer L. Youngblood